



\$ ~~2765~~  
2161

PATENT  
Attorney Docket No. 47004.000040

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
)  
BOYLE et al. )  
)  
Serial Number: 09/325,536 )  
)  
Filed: 06/04/99 )

Group Art Unit: 2765

Examiner: F. Thompson, Jr.

RECEIVED  
DEC 29 2000  
Technology Center 2100

For: CREDIT INSTRUMENT AND SYSTEM WITH AUTOMATED PAYMENT OF  
CLUB, MERCHANT, AND SERVICE PROVIDER FEES

TRANSMITTAL LETTER

Assistant Commissioner for Patents  
Washington, D.C. 20231



21967

PATENT TRADEMARK OFFICE

Sir:

The following are enclosed for consideration in the above-identified application:

	FEE
<input type="checkbox"/> Response to Notice to File Missing Parts	\$
<input type="checkbox"/> Response to Notice of Incomplete Application	\$
<input type="checkbox"/> Declaration: <input type="checkbox"/> Original; <input type="checkbox"/> Supplemental	\$
<input type="checkbox"/> Submission of Formal Drawings	\$
<input type="checkbox"/> Formal Drawings:     Sheets     Figures	\$
<input type="checkbox"/> Supplemental Information Disclosure Statement and Form 1449 and 37 References	\$
<input checked="" type="checkbox"/> Amendment: <input type="checkbox"/> Preliminary; <input type="checkbox"/> § 116; <input type="checkbox"/> § 312; <input checked="" type="checkbox"/> Other	\$
<input checked="" type="checkbox"/> Request for Extension of Time for 1 month	\$110.00
<input type="checkbox"/> Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Appeal Brief	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Reply Brief	\$
<input type="checkbox"/> Other: Terminal Disclaimer	\$
<input type="checkbox"/> No additional claim fee is required	\$
<input type="checkbox"/> An additional claim fee is required, and is calculated as shown below	\$
<b>TOTAL FEES BEING SUBMITTED</b>	<b>\$110.00</b>

	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims		25		x \$18.00	\$
Independent Claims	3	3	0	x \$39.00	\$
Multiple Dependent Claims (if applicable)				\$	\$
<b>TOTAL EXCESS CLAIMS FEE</b>					\$
SMALL ENTITY TOTAL (if applicable)					\$

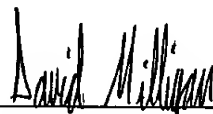
The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and § 1.17 associated with this communication or credit any overpayment to the deposit account of Hunton & Williams, Deposit Account Number 50-0206.

**A duplicate copy of this sheet is enclosed.**

Respectfully submitted,

Dated: December 22, 2000

By:

  
\_\_\_\_\_  
David H. Milligan  
Registration No. 42,893

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